Quarterly Totals

Demographic Reporting Form

Positive Alternatives

Date: ______ January 8. 2016 Grantee Name: Options For Women | Morris

1. Client Age Range:

Under 15	15-17	18-19	20-24	25-29	30-34	35+	Unknown age
0	0	1	5	0	1	2	0

2. Client Pregnancy Status:

1st Trimester	2nd Trimester	3rd Trimester	Post- partum	Pregnancy Status Unknown
		1		

¹ male client, 3 negative test, 4 not pregnant

3. Client Marital Status:

Married	Not Married	Marital Status Unknown
4	4	1

4. Client Race:

Race: White	Race: African- American	Race: African- African	Race: American Indian	Race: Asian Pacific	Race: Other/ Multi Race	Race: Unknow n
4					5	

5. Client Ethnicity:

Hispanic Ethnicity : Yes	Hispanic Ethnicity : No	Ethnicity: Unknown
5	4	0

INSTRUCTIONS FOR COMPLETING DEMOGRAPHIC REPORTING FORM

- 1. Enter the date covered by the reporting period. The date will correspond to the quarterly report (e.g., report due April 20th covers the period January 1 March 31st; report due July 31st covers the period April 1 June 30th, etc.).
- 2. Enter your organization name.
- 3. Numbers 1 5 ask for the demographic information that was previously collected on the Necessary Services Data Intake form. Enter the totals for each of the demographic categories in numbers 1 5 that were collected during the stated reporting period.
- **4.** Save the form as a new document. Send it in by email with your Update Report of the same quarter.
- **5.** Reuse the form each quarter.